

**OKLAHOMA COUNTY JUVENILE BUREAU
POLICY AND PROCEDURE MANUAL**

CHAPTER ONE: ADMINISTRATION AND MANAGEMENT

POLICY 1.11: MANAGING INJURIES

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I. POLICY:

The Oklahoma County Juvenile Bureau (OCJB) is committed to the health and safety of its employees and will continue to work toward an accident-free workplace through effective administration, training, and accident injury review. When injury does occur, the OCJB will be prepared to handle the situation in a manner that will best serve the employee and the agency and prevent recurrence of the incident.

II. PROCEDURE:

- A. Employees shall follow all safety regulations in accordance with the Oklahoma County Employee Handbook and shall immediately report deficiencies in safe working conditions to their supervisors.
- B. All incidents involving injury arising solely out of and in the course of employment, no matter how minor, shall be reported to the supervisor of the injured employee within one (1) hour, or as soon as he/she or another person is able.
- C. The employee and his/her supervisor shall complete the "Worker Injury Form" together within twenty-four (24) hours, or as soon as otherwise possible.
 1. The "Worker Injury Form" is located on Oklahoma County's Infozone page by clicking the "Departments" tab, selecting "Safety," and then selecting the "Forms" tab or by entering <http://infozone/Safety/forms.aspx> into the internet search bar of a computer within the Oklahoma County network.
 2. Once complete, the "Worker Injury Form" shall be printed and signed by the employee, his/her supervisor, and the Director. A copy shall be provided to the employee, supervisor, department head, and the Director immediately. A copy shall be submitted to the Safety Office as soon as possible, but within one (1) business day.
- D. Upon receipt of the "Worker Injury Form," the Director may order an accident injury review and/or an Internal Affairs investigation, if necessary, to identify what corrective actions, if any, shall be taken to prevent future injuries.
 1. The Director shall assign the accident injury review to the appropriate department head, who shall conduct the review using

- the "Accident Injury Review Form," Attachment A, and submit it to the Director within two (2) business days of assignment.
2. All injuries that occur in an area monitored by video surveillance require a thorough review of such surveillance as part of the accident injury review.

Approved: James L. Saffle 1/17/17
James L. Saffle, Director Date

Attachment A, "Accident Injury Review Form"

OKLAHOMA COUNTY JUVENILE BUREAU

Accident Injury Review Form

Injured Employees Name: _____

Reviewer's Name: _____

Date of Injury: _____ Date of Review: _____

I, the reviewer, have investigated the following conditions in relation to the injury in question:

Physical Plant N/A (Incident did not occur on Oklahoma County property)

Physical Plant/Maintenance Issues Identified for Correction: _____

OCJB Policy

Policy Deficiencies and/or Violations Identified: _____

Training Records

Training Needs Identified: _____

Surveillance Footage N/A

Comments: _____

Signature of Reviewer

Date Submitted